



<b>Title</b>	<b>Cost-benefit Evaluation of Routine Influenza Immunization in People 65–74 Years of Age</b>
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<b>Reference</b>	Health Technol Assess 2003;7(24). Sept 2003. <a href="http://www.ncchta.org/execsumm/summ724.htm">www.ncchta.org/execsumm/summ724.htm</a>

## Aim

To determine the cost effectiveness of influenza vaccination in people aged 65–74 years in the absence of comorbidity.

## Conclusions and results

In England and Wales, weekly consultations for influenza and ILI (influenza like illness) remained at baseline levels (less than 50 per 100 000 population) until week 50/1999 and then increased rapidly, peaking during week 2/2000 with a rate of 231/100 000. This rate fell within the range of 'higher than expected seasonal activity' of 200–400/100 000. Rates then quickly declined, returning to baseline levels by week 5/2000. The predominant circulating strain during this period was influenza A (H<sub>3</sub>N<sub>2</sub>). Five (0.9%) people in the vaccine group were diagnosed by their GP with an ILI compared to two (1.1%) in the placebo group. No participants were diagnosed with pneumonia by their GP, and there were no hospitalizations for respiratory illness in either group. Significantly fewer vaccinated individuals self-reported a single ILI. There was no significant difference in any of the QoL measurements over time between the two groups. Reported systemic side effects showed no significant differences between groups. Local side effects occurred with a significantly increased incidence in the vaccine group (11.3% vs 5.1%,  $p = 0.02$ ). Each GP consultation avoided by vaccination was estimated from trial data to generate a net NHS cost of £174.

## Recommendations

No difference was found between groups for the primary outcome measure, although the trial was too underpowered to demonstrate a true difference. Vaccination had no significant effect on any of the QoL measures used, although vaccinated individuals were less likely to self-report ILI. The analysis did not suggest that influenza vaccination in healthy people aged 65–74 years would lead to lower NHS costs.

## Methods

Participants were randomized to receive either influenza vaccine or placebo (ratio 3:1), with all individuals receiving pneumococcal vaccine unless administered in the previous 10 years. Of the 729 people randomized, 552 received vaccine and 177 received placebo; 726 individuals were administered pneumococcal vaccine.

## Further research/reviews required

Future research should look at:

- Ways to maximize vaccine uptake in people at greatest risk from influenza. and
- The level of vaccine protection afforded to people from different age and socioeconomic populations.